

TESTING ALLEGATION REPORTING FORM



(NOTE: The use of this form is optional)

DATE REPORTED: PRINCIPAL:			SCHOOL: BAC:		
Other test administrator	s/ proctors in the	e room:			
Date of Incident:			Test Session:		
Complete all applicab Student /s:	le information f	for student Grade	rs below: (Attack Test Form or Lithocode	n additional list or ros Content Area	ter, if needed) Item #/s
Brief description of the	e testing violatior	າ:			
Describe steps taken to	o correct proced	ure and/or t	o ensure security	was maintained/re-e	established:

Attach notarized statements. The statements are to include a complete description from teacher/s, proctor, principal, BAC, and/or others with any knowledge of the allegation, measures taken to correct the situation and to ensure test security. Include a copy of the testing schedule, as well as evidence of training.

(Proof of student accommodations and staff Inclusion Training is only needed when accommodations are in question.)